

AO 240 (Rev. 9/96)

UNITED STATES DISTRICT COURT

District Court

District of

Boston MassachusettsCharles Harrison
Plaintiff

v.

David L. Winn
DefendantAPPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT**05-40021**CASE NUMBER: 3:96 CVS 7/RVI, Charles Harrison declare that I am the (check appropriate box)☒ petitioner/plaintiff/movant☐ other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No," go to Part 2)

If "Yes," state the place of your incarceration Federal Medical Center Devers

Are you employed at the institution? No Do you receive any payment from the No

Attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions.

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "No," state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer. Unicor May 2004 April

3. In the past 12 twelve months have you received any money from any of the following sources?

- | | | |
|---------------------------------------------------|------------------------------|-----------------------------|
| a. Business, profession or other self-employment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Rent payments, interest or dividends | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Disability or workers compensation payments | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Gifts or inheritances | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Any other sources | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If the answer to any of the above is "Yes," describe, on the following page, each source of money and state the amount received and what you expect you will continue to receive.

STATEMENT OF INDIGENCY

Request To Waiver Or Defer Payments

I do hereby swear, under penalty of perjury, that the following information is true and correct.

I, Charles Harrison, do assert that my income prevents me from paying any fees while incarcerated due to the fact that I only earn \$ 0.00¹ per month at my current work assignment.

By my not being able to afford to pay any unreasonable payments, it adversely affects my ability to research information which could help with any appeal or liberty interest. Any other payments that may have been made in the past have been made with the assistance of family members who cannot afford to help with, nor is it their responsibility to do so.

In the event a full waiver of payments is not feasible, I would agree to, and fully intend to, pay the fees required. However, I would request a deferment of such payments until such time as I am on Supervised Release, at which time I will have an opportunity to obtain meaningful and gainful employment.

Respectfully submitted this 25 day of January, 2005.

Name: Charles Harrison
Number: 09856-002
F.M.C. Devens, Unit: P-2
P.O. Box 879
Ayer, MA 01432

1. Please see copy of account for previous six (6) months.

Inmate Inquiry

Inmate Reg #:	09856002	Current Institution:	Devens FMC
Inmate Name:	HARRISON, CHARLES	Housing Unit:	P CC
Report Date:	01/24/2005	Living Quarters:	P02-131L
Report Time:	4:40:09 PM		

General Information Account Balances Commissary History Commissary Restrictions Comments

General Information

Administrative Hold Indicator: No
 No Power of Attorney: No
 Never Waive NSF Fee: No
 Max Allowed Deduction %: 100
 PIN: 1922
 FRP Participation Status: Completed
 Arrived From: EDG
 Transferred To:
 Account Creation Date: 10/28/2001
 Local Account Activation Date: 5/5/2004 5:15:50 AM
 Sort Codes:
 Last Account Update: 1/23/2005 11:35:56 AM
 Account Status: Active
 ITS Balance: \$0.05

FRP Plan Information

FRP Plan Type	Expected Amount	Expected Rate
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Account Balances

Account Balance: \$0.73
 Pre-Release Balance: \$0.00
 Debt Encumbrance: \$0.00
 SPO Encumbrance: \$0.00
 Other Encumbrances: \$0.00
 Outstanding Negotiable Instruments: \$0.00
 Administrative Hold Balance: \$0.00
 Available Balance: \$0.73
 National 6 Months Deposits: \$320.00
 National 6 Months Withdrawals: \$525.05
 National 6 Months Avg Daily Balance: \$44.44
 Local Max. Balance - Prev. 30 Days: \$0.00
 Average Balance - Prev. 30 Days: \$0.73
 Inmate Qualifies for OTC Medication

DEV 1330.13

October 29, 1998

Attachment A

INFORMAL RESOLUTION INSTRUCTIONS: STAFF MUST COMPLETE AND ATTACH THE ORIGINAL OF THIS FORM TO EACH BP-9, WHEN THE COMPLAINT CANNOT BE INFORMALLY RESOLVED. THE BP-9 WILL NOT BE ACCEPTED WITHOUT THIS COMPLETED FORM, EXCEPT THOSE APPEALING UDC/IDC ACTIONS. INFORMAL RESOLUTION FORMS WILL NEVER BE GIVEN TO THE INMATE TO COMPLETE.

NAME: Harrison Charles REG. NO.: 09856-002 UNIT: P-2

DATE BP-9 REQUESTED: _____

DATE BP-9 ISSUED: _____

DATE BP-9 RETURNED: _____

INMATE'S COMPLAINT: Sixth Amendment Violation
Blakely v Washington

RELIEF REQUESTED:

Reduction of Sentence

ACTION TAKEN TO INFORMALLY RESOLVE COMPLAINT:

N/A

CORRECTIONAL COUNSELOR: _____ DATE: _____

UNIT MANAGER'S COMMENTS/ASSISTANCE: The Bureau of Prisons has no
Authority to reduce sentences imposed by the Federal Judicial System
unable to informally resolve

UNIT MANAGER: [Signature] DATE: 1/17/05